

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/09/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155298		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/11/2011	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE MANOR NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN46260			
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F0000	<p>This visit was for Investigation of Complaints IN00089189 and IN00090306.</p> <p>Complaint number IN00089189 substantiated, federal/state deficiencies related to the allegations are cited at F225 and F226.</p> <p>Complaint IN00090306 unsubstantiated due to lack of evidence.</p> <p>Survey date: May 10, 11, 2011</p> <p>Facility number: 000195 Provider number: 155298 AIM number: 100267690</p> <p>Survey team: Charles Stevenson RN</p> <p>Census bed type: SNF/ NF: 91 Total: 91</p> <p>Census payor type: Medicare: 14 Medicaid: 62 Other: 15 Total: 91</p> <p>Sample: 3</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 5-13-11 Cathy Emswiller RN						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to protect residents from potential verbal abuse by not thoroughly investigating and reporting to the State Agency as required by State law an</p>			F0225	Preparation and/or execution of this plan of Correction in general, or any corrective action does not constitute an admission or agreement by Cambridge Manor Healthcare and Rehabilitation		06/10/2011

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	<p>allegation of staff verbal abuse for 1 resident of 3 reviewed for investigation and reporting of unusual occurrences. (Resident B)</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 5/10/11 at 1:00 p.m.</p> <p>Diagnoses included, but were not limited to, hypertension, anemia, arthritis, and gastro- esophageal reflux disease.</p> <p>Resident B was admitted to the facility following an acute care hospital stay on 4/07/11. She left the facility by her choice in the company of her family on 4/09/11.</p> <p>A facility "Grievance/Concern Form" dated 4/09/11 indicated:</p> <p>"Resident Name: (Resident B's name)...</p> <p>Description of Concern: Res (resident) c/o (complained of) Nurse (LPN #1) was abrasive/defensive and rude when CNA relayed that Res. wanted her assist for toileting...</p> <p>Investigation/Follow-Up: DON (Director of Nursing) called to room after CNA (CNA #2) came from pts (patient's) room (symbol for "with") complaint staff nurse</p>				<p>Center of the facts alledged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of the provision of federal or state laws. Cambridge Manor Healthcare and Rehabilitation desires this plan of correction to be considered the facility's allegation of compliance. Furthermore, we also request desk/paper compliance in rectifying the deficiency, as it was an isolated incident, with the alleged offender no longer with the facility. Element #1: It is the policy of this facility to see that all residents are protected from any form of abuse or potential abuse. This includes, but is not limited to thoroughly investigating and reporting to the State Agency as required by state law any allegation of staff abuse. Resident B no longer resides in facility. LPN #1 no longer employed by this facility. Element #2: All residents had the potential to be affected by the actions of this LPN. As Stated prior, this LPN is no longer employed by the facility. A facility wide audit was done by social services and our nursing staff, during which interviewable residents were asked about their treatment and the attitude of the staff towards them. Further, as for non-interviewable residents, attempts were made to contact as many responsible parties as</p>		

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	<p>being rude, disrespectful and made her feel like she was too much bother and the nurse was too busy. Family removed res. from the facility and took her home."</p> <p>Nurse's notes dated 4/09/11 at 5:45 p.m. indicated "CNA relayed that res. upset and requested to speak to DON. DON spoke (symbol for "with") res. regarding this complaint of how the assigned nurse was speaking to her. Daughter in and concerns addressed again. Family and res. insistent that they were leaving..."</p> <p>During interviews on 5/10/11 at 10:50 a.m., and again on 5/11/11 at 3:30 p.m., with the Administrator and Director of Nursing (D.O.N.) present, the D.O.N. indicated she had spoken with Resident B and her family, that she had spoken with LPN #1 and CNA #2, and that she had completed the "Grievance/Concern Form" dated 4/9/11. The D.O.N. indicated she had not interviewed any other residents, families, or staff members, to determine if any other residents had experienced any incidents of abuse, had concerns about the incident involving Resident B, or if they felt safe in the facility, or if staff or family had any concerns. Staff were not assessed to determine their knowledge of facility policies and procedures concerning standards of practice concerning preventing resident abuse or reporting of</p>				<p>possible to inquire as to their feelings about staff's actions and their attitudes toward their family members. Additionally, staff were asked if they had any concerns as to any display of rude or disrespectful verbalizations or treatment by any staff to any resident. Element #3: At an all staff inservice, the following was reviewed: 1. Abuse Policy 2. Resident Rights 3. What do you do if you think you have witnessed or been told about abuse or potential abuse? 4. Investigation of abuse or potential abuse 5. Reporting abuse or potential abuse (Including when to report, whom to report to, why it must be reported). 6. Questions/Answers Any staff who fail to comply with the points of the inservice will be further educated and/or progressively disciplined as appropriate. The facility maintains a zero tolerance for any abuse. Element #4: At the monthly Quality Assurance any incidence of abuse or alleged abuse will be reviewed to be certain all protocols were followed. Any patterns will be identified. If necessary an action plan will be written by a committee appointed by the administrator to address any concerns. The plan will be monitored weekly until resolution is achieved. Any findings from this audit or any further similar allegations will be acted on immediately and reported to the</p>		

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F0226 SS=D	<p>allegations of abuse. She indicated the incident had not been reported to the State Agency as required by regulation and facility policy.</p> <p>3.1-28(c)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure residents were protected from potential verbal abuse by not thoroughly investigating and reporting to the State Agency an allegation of staff verbal abuse as required by State law and facility policy for 1 resident of 3 reviewed for investigation and reporting of unusual occurrences. (Resident B)</p> <p>Findings include:</p> <p>1. An undated facility policy titled "Reportable Unusual Occurrences" received from the Administrator on 5/10/11 at 3:45 p.m. and indicated to be a current facility policy indicated:</p> <p>"Purpose: To define reportable, unusual occurrences at the facility to ensure</p>			F0226	<p>state.Going forward, any complaint of any form of abuse or alleged abuse will be immediately and thoroughly investigated and reported as per policy and regulations.</p> <p>Preparation and/or execution of this plan of Correction in general, or any corrective action does not constitute an admission or agreement by Cambridge Manor Healthcare and Rehabilitation Center of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and specific corrective actions are prepared and/or executed solely because of the provision of federal or state laws.Cambridge Manor Healthcare and Rehabilitation desires this plan of correction to be considered the facility's allegation of compliance. Furthermore, we also request desk/paper compliance in rectifying the deficiency, as it was an isolated incident, with the alleged offender no longer with the facility.Element #1:It is the policy of this facility to see that all residents are protected from any</p>		06/10/2011

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	<p>compliance with State and Federal laws.</p> <p>Policy: Facility intends to be in compliance with the laws governing reportable unusual occurrences through adherence of the policy of the ISDH.</p> <p>Procedure: Facility will report unusual occurrences within 24 hours to the Long Term Care Division of the ISDH of alleged violations involving mistreatment, neglect or abuse of residents..."</p> <p>An undated facility policy titled "Abuse Protection and Response Policy" received from the Administrator on 5/10/11 at 3:45 p.m. and indicated to be a current facility policy indicated:</p> <p>"Policy: Abuse, as hereafter defined, will not be tolerated by anyone, including staff..."</p> <p>The center's administrator is responsible for assuring that patient safety, including freedom from risk of abuse, holds the highest priority.</p> <p>Definitions...3: Verbal Abuse: the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to</p>				<p>form of abuse or potential abuse. This includes, but is not limited to thoroughly investigating and reporting to the State Agency as required by state law any allegation of staff abuse. Resident B no longer resides in facility. LPN #1 no longer employed by this facility. Element #2: All residents had the potential to be affected by the actions of this LPN. As Stated prior, this LPN is no longer employed by the facility. A facility wide audit was done by social services and our nursing staff, during which interviewable residents were asked about their treatment and the attitude of the staff towards them. Further, as for non-interviewable residents, attempts were made to contact as many responsible parties as possible to inquire as to their feelings about staff's actions and their attitudes toward their family members. Additionally, staff were asked if they had any concerns as to any display of rude or disrespectful verbalizations or treatment by any staff to any resident. Any findings from this audit or any further similar allegations will be acted on immediately and reported to the state. Going forward, any complaint of any form of abuse or alleged abuse will be immediately and thoroughly investigated and reported as per policy and regulations. Element #3: At an all staff inservice, the following was reviewed: 1. Abuse Policy 2.</p>		

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	<p>comprehend or disability.</p> <p>Identification Issues:</p> <p>Policy: Any resident event that is reported to any staff by resident, family member, other staff, or any other person will be considered POSSIBLE ABUSE if it meets any of the following criteria:</p> <p>E. Any complaint of the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to resident or families or within their hearing distance.</p> <p>Investigative Issues:</p> <p>3. Policy: All events reported, as possible abuse will be investigated to determine whether abuse did or did not take place.</p> <p>Reporting and Response Issues:</p> <p>1. Policy: All reports of abuse or alleged abuse will be immediately assessed to determine the direction of the investigation.</p> <p>2. Procedure: Any investigation that substantiates abuse or neglect or alleged abuse or neglect findings will be reported immediately to the Administrator or his/her designated representative and to</p>				<p>Resident Rights3. What do you do if you think you have witnessed or been told about abuse or potential abuse?4. Investigation of abuse or potential abuse5. Reporting abuse or potential abuse (Including when to report, whom to report to, why it must be reported.6. Questions/AswersAny staff who fail to comply with the points of the inservice will be further educated and/or progressively disciplined as appropriate. The facility maintains a zero tolerance for any abuse.Element #4:At the monthly Quality Assurance any incidence of abuse or alleged abuse will be reviewed to be certain all protocols were followed. Any patterns will be identified. If necesarry an action plan will be written by a committee appointed by the administrator to address any concerns. The plan will be monitered weekly until resolution is achieved.</p>		

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	<p>other officials in accordance with State Law..."</p> <p>2. The record of Resident B was reviewed on 5/10/11 at 1:00 p.m.</p> <p>Diagnoses included, but were not limited to, hypertension, anemia, arthritis, and gastro- esophageal reflux disease.</p> <p>Resident B was admitted to the facility following an acute care hospital stay on 4/07/11. She left the facility by her choice in the company of her family on 4/09/11.</p> <p>A facility "Grievance/Concern Form" dated 4/09/11 indicated:</p> <p>"Resident Name: (Resident B's name)..."</p> <p>Description of Concern: Res (resident) c/o (complained of) Nurse (LPN #1) was abrasive/defensive and rude when CNA relayed that Res. wanted her assist for toileting...</p> <p>Investigation/Follow-Up: DON (Director of Nursing) called to room after CNA (CNA #2) came from pts (patient's) room (symbol for "with") complaint staff nurse being rude, disrespectful and made her feel like she was too much bother and the nurse was too busy. Family removed res. from the facility and took her home."</p>						

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	<p>Nurse's notes dated 4/09/11 at 5:45 p.m. indicated "CNA relayed that res. upset and requested to speak to DON. DON spoke (symbol for "with") res. regarding this complaint of how the assigned nurse was speaking to her. Daughter in and concerns addressed again. Family and res. insistent that they were leaving..."</p> <p>During interviews on 5/10/11 at 10:50 a.m., and again on 5/11/11 at 3:30 p.m., with the Administrator and Director of Nursing (D.O.N.) present, the D.O.N. indicated she had spoken with Resident B and her family, that she had spoken with LPN #1 and CNA #2, and that she had completed the "Grievance/Concern Form" dated 4/9/11. The D.O.N. indicated she had not interviewed any other residents, families, or staff members, to determine if any other residents had experienced any incidents of abuse, had concerns about the incident involving Resident B, or if they felt safe in the facility, or if staff or family had any concerns. Staff were not assessed to determine their knowledge of facility policies and procedures concerning standards of practice concerning preventing resident abuse or reporting of allegations of abuse. She indicated the incident had not been reported to the State Agency as required by regulation and facility policy.</p>						

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